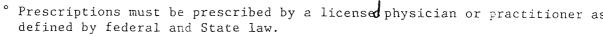
## Limitation on Services

## a) Prescribed Drugs:





° Experimental drugs or listed as "Less Than Effective" drugs are not covered.

# b) Hearing Aids:

- ° Must be prescribed by a certified audiologist and prescribed by a licensed physician;
- ° Must have Medicaid agency's prior authorization.

#### c) Eyeglasses:

- Eyeglassses are covered only when prescribed by a licensed optometrist or opthamalogist;
- ° Lenses may be for single vision or standard bifocal;
- ° Tinted or coated lenses may be authorized but only for individuals with Aphakia;
- ° Only plastic frames are covered.
- ° Contact lenses are not covered unless authorized for individuals with cataracts
- ° Only one pair of eyeglasses will be covered every two years.
- ° Prior authorization by the Medicaid agency must be obtained.

#### d) Dentures:

- ° Only if prior authorization by the Medicaid agency has been obtained, and
- ° Only if provided by the CNMI government-operated clinic.
- " Must be prescribed by a licensed physician dentist.

### e) Wheelchairs:

° Must be prescribed by a lichtsed physician;



- ° Only if prior authorization from the Medicaid agency has been obtained.
- $^{\circ}$  Only one wheelchair is allowed every 5-years.
- ° Repair and maintenance of wheelchair requires prior authorization from Medicaid agency.

- f) Other medical equipment;
  - $^{\circ}$  Requires prior authorization from Medicaid agency; and
  - $^{\circ}$  Only if prescribed by a licensed physician.